



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Kost  
For : SPREADER SHIELD  
Serial No. : 10/040,825  
Filing Date : January 8, 2002  
Gr. Art Unit : 3752  
Date of Last Office Action : March 26, 2004  
Examiner : Steven J. Ganey  
Our Docket : MPEE 2 13158

**AMENDMENT**

Asst. Commissioner for Patents  
Mail Stop Fee Amendment  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**RECEIVED**

MAY 03 2004

TECHNOLOGY CENTER R3700

Dear Sir:

Responsive to the Office Action mailed March 26, 2004, Applicant amends this application as follows:

04/27/2004 JADDO1 0000022 10040825

01 FC:1201  
02 FC:1202

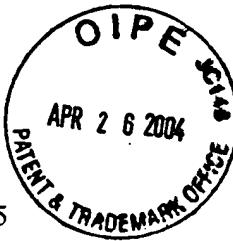
1118.00 OP  
162.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 04-23-04

R. Cox

(SIGNATURE)

04-23-04



41  
AMENDMENT TRANSMISSION  
CORPORATIONS (LARGE BUSINESSES)  
DOCKET NO. MPEE 213158

3752

In re application of: Kost

Serial No. 10/040,825

Filed: January 8, 2002

For: SPREADER SHIELD

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 04-23-04

*R. Cook*

(SIGNATURE)  
04-23-04

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended								
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount		
Total Claims	*	49	Minus	**	40	9	\$18	\$162.00
Indep. Claims	*	16	Minus	***	3	13	\$86	\$1,118.00
				Total Additional Fee For this Amendment --->				\$1,280.00

\* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".

\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

X

A check in the amount of \$ 1,280.00 to cover the required Fee is enclosed.

General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

By: *Robert V. Vickers*

ROBERT V. VICKERS

Reg. No. 19,504

1100 Superior Avenue, Seventh Floor

Cleveland, Ohio 44114-2579

Phone: (216) 861-5582

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MAY 03 2004

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